



Standard Operating Procedures

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I. INTRODUCTION

A. Mission and Values

1) Mission Statement

The mission of the SIAC is “Promoting healthy children across Kentucky: Building a collaborative System of Care to promote children’s social, emotional and behavioral well-being where they live, learn and play.”

2) Values

- Children’s needs are best addressed within their home, their school and their natural community setting.
- Collaboration among agencies enhances resources, quality, on-going assessment and greater accountability within the community
- Continuous quality improvement is supported through information to and from the RIACs and the SIAC.
- Parents and caregivers are equal partners in decision making at every level. Services and supports are family-driven, meaning that families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, and nation.
- Services and supports are youth-guided, meaning that youth are our true experts and primary consumers of systems of care services. We respect their voice, and youth are equal partners in creating system change.
- Supporting and sustaining families is fundamental to the healthy development of children.
- Services and supports will be promoted to prevent the emotional disability of a child
- Greater progress and growth is achieved when strengths are acknowledged and evidence-based interventions are designed to build on an individual’s defined strengths.
- A cross-disciplinary team approach enriches creativity, problem-solving and intervention.
- Regional autonomy and flexibility is necessary to design services and supports that ensure the ability of the community to meet each individual child’s needs.

B. Overview

Representative Tom Burch spearheaded the drive for statewide implementation of the program by sponsoring successful legislation in the 1990 General Assembly, resulting in the creation of Kentucky Interagency Mobilization for Progress in Adolescent and Child Treatment (IMPACT). The new law established the State Interagency Council for Services to Children with an Emotional Disability (SIAC), as well as the Regional (RIACs) and Local Interagency Councils (LIACs) to oversee and carry out the work of IMPACT in all 120 counties of the state. The structure and areas of responsibility for each Council is defined in Kentucky Revised Statutes 200:501-509. **(Attachment A)**

The State Interagency Council for Services to Children with an Emotional Disability (SIAC) is a statutorily created body of state agency administrators and the parent of a child with an emotional disability who oversee coordinated policy development, comprehensive planning and collaborative budgeting for services to children with emotional disabilities. (KRS 200.501-509) In 2009 a youth representative with an emotional disability was added to the council by executive order. In 2010 the SIAC recognized the necessity of including the expertise of the Commission for Children with Special Health Care Needs and added their membership by unanimous vote.

IMPACT is a strengths-based, collaborative model of case management utilizing the Wraparound Process. This evidence based practice addresses the strengths and barriers across life domains such as family, financial, living situations, educational/vocational, behavioral/emotional, psychological, social/recreational, health, legal, cultural and safety. Services and supports differ in their appearance from community to community, depending on the identified needs of their children and the types of resources available.

Kentucky IMPACT is administered at the state level by the SIAC and on the local level by 18 RIACs within the 15 area development districts. The primary goal of the IMPACT program is to coordinate local and state resources to serve children with emotional disabilities in their own homes, schools and communities, and to avoid costly, unnecessary out-of-home placements. Sometimes the best medicine is a home remedy, especially if it means keeping a child with a severe emotional disability out of a psychiatric hospital or other restrictive treatment facility. Although some children do require hospitalization, most children have a better chance of doing their best when they receive care at or near their home, surrounded by a loving family and supportive community. IMPACT helps create and coordinate services that allow a child with an emotional disability to receive care at home or in their community.

The RIACs: serve as the gatekeepers for entry and exit from the IMPACT program; certify that a child meets criteria for case management (MAP Form) for Medicaid; provide program consultation and/or technical assistance for quality resource development and delivery; provide requested program consultation and/or technical assistance on behalf of an individual child with complex needs regardless of their eligibility for IMPACT; promote services and supports to prevent the emotional disability of a child; provide oversight of the RIAC funding that supports the program infrastructure and unfunded necessary resources for children and youth to meet the goals indicated on their individual plan developed through the Wraparound process; promote continuous quality improvement supported through information to and from the RIACs and the SIAC.

The RIACs are chaired by the Service Region Administrator (SRA) of the Department for Community Based Services or a program specialist with

expertise in the service area as the district supervisor's designee. Other members legislated to participate on the RIACs include:

- The children's services director from each regional community mental health center (CMHC) or their designee;
- A court designated worker chosen by the Chief Regional District Judge serving the region;
- A specialist in special education chosen by the school district superintendents in the area;
- A parent of a child with an emotional disability who is a consumer of state-funded services for children with an emotional disability;
- Representatives from the Department of Juvenile Justice and local health departments; and,
- Any other local public or private agency that provides services to children with an emotional disability which a RIAC may invite to become a permanent or temporary member of the council.

Meetings are subject to the Kentucky Open Records Law (KRS 61.870 – 884) and the Kentucky Open Meetings Law (KRS 61.800 – 61.850). **(Attachment D)**

- Council meetings shall be open to the public, with the exception of closed/executive sessions which deal with case consultation, grievances or personnel issues. Executive sessions are restricted to voting members, and staff at the discretion of the Chair. (KRS 61.810)
- A reasonable period shall be set aside at all meetings of the Council for members of the public to address the Council. Members of the public shall be permitted to propose "new business" for the next meeting of the Council. Subject to veto by the Council, such new business shall be placed on the next Council meeting agenda.

Each RIAC is staffed by the Local Resource Coordinator (LRC) who provides support to the RIAC members and serves as a link to the RIAC for caregivers and community members. They also serve as the program administrator for the IMPACT program. Each RIAC must have at least one full time equivalent (FTE) LRC engaged in this service. RIACs may apply to the SIAC for approval to waive that time requirement if local needs dictate. Service Coordinators who serve as the child's case manager are also integral to supporting the IMPACT program. The SIAC agrees with the best practice of a case load size of 12-15 children/youth in order to achieve better outcomes for children and youth with intensive needs.

C. History

In the mid-1980's, officials of Kentucky agencies that work with children began to recognize the lack of programs to serve the seemingly ever-increasing number of children with emotional disabilities. Lacking appropriate treatment alternatives, children were being placed in psychiatric hospitals and costly out-of-state residential programs. Placement out of the child's home community was often

necessary, making it difficult for parents and families to stay involved with the child's treatment.

At about the same time, an innovative work entitled "Unclaimed Children: The Failure of Public Responsibility for Children and Adolescents in Need of Mental Health Services" was published. Authored by Jane Knitzer, this monograph outlined principles and values for the Child and Adolescent Service System Program (CASSP); a comprehensive, community based model of service delivery. Kentucky leaders were anxious to create a new service delivery system for children with emotional disabilities, and applied to the Robert Wood Johnson Foundation for funding of a pilot program, incorporating CASSP, in the Bluegrass Region. The pilot, called Bluegrass IMPACT, was a successful demonstration of the use of the core components of the CASSP model, such as individualized service planning, involvement of parents, service coordination, wraparound supports, in-home therapy and non-traditional or creative ways of meeting the needs of children and their families.

II. PURPOSE

SIAC was established as a structure for coordinated policy development, comprehensive planning, and collaborative budgeting for services to children with an emotional disability or severe emotional disability and their families (per KRS 200.501). A "Child with an emotional disability" means a child with a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and seriously limits a child's capacity to function in the home, school, or community. A "Child with a severe emotional disability" means a child with a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and that: (a) Presents substantial limitations that have persisted for at least one (1) year or are judged by a mental health professional to be at high risk of continuing for one (1) year without professional intervention in at least two (2) of the following five (5) areas: "Self-care," defined as the ability to provide, sustain, and protect his or herself at a level appropriate to his or her age; "Interpersonal relationships," defined as the ability to build and maintain satisfactory relationships with peers and adults; "Family life," defined as the capacity to live in a family or family type environment; "Self-direction," defined as the child's ability to control his or her behavior and to make decisions in a manner appropriate to his or her age; and "Education," defined as the ability to learn social and intellectual skills from teachers in available educational settings; or (b) Is a Kentucky resident and is receiving residential treatment for emotional disability through the interstate compact; or (c) The Department for Community Based Services has removed the child from the child's home and has been unable to maintain the child in a stable setting due to behavioral or emotional disturbance; or (d) Is a person under twenty-one (21) years of age meeting the criteria of paragraph (a) of this subsection and who was

receiving services prior to age eighteen (18) that must be continued for therapeutic benefit. (Per KRS 200.503)

III. MEMBERSHIP and APPOINTMENT

A. Qualification

1) Per KRS 200.505, Commissioners or Executive Directors of the following agencies must serve on the SIAC:

- Department for Community Based Services
- Department for Juvenile Justice
- Department for Public Health
- Department for Mental Health, Developmental Disabilities & Addiction Services
- Department for Medicaid Services
- Administrative Office of the Courts
- Department of Education
- Family Resource and Youth Services Centers, and

2) Per KRS 200.505, the Governor shall appoint one (1) parent of a child with an emotional disability, who is a consumer of state-funded services for children with an emotional disability to serve as a member of the council, and one (1) parent who meets the same criteria to serve as the parent member's alternate to serve in the absence of the parent member. For each appointment to be made, the State Family Advisory Council shall submit to the Governor a list of two (2) names of parents who are qualified for appointment from which list the Governor shall make the appointment. Appointees shall serve a term of four (4) years. If the child of the parent member or alternate parent member ceases to be a consumer of state-funded services for children with an emotional disability during the term of appointment, the member shall be eligible to serve out the remainder of the term of appointment. The alternate parent member may attend and participate in all council meetings but shall vote only in the absence of the parent member.

3) Youth Member (Executive Order)

- I. A youth representative recommended by the Kentucky Partnership for Families and Children Statewide Youth Council and confirmed by the SIAC shall be a permanent voting member of the SIAC; and
- II. The youth member shall be a youth who has a mental health or co-occurring (mental health/substance abuse) disorder and who is or has been a consumer of state-funded services for youth with an emotional disability; and
- III. A youth who meets the same criteria shall serve as the youth representative's alternate and may participate in all council meetings but shall vote only in the absence of the youth member; and
- IV. Shall be a youth between the age of fourteen (14) up to age twenty-five (25) upon appointment; and
- V. Youth members and alternates shall serve a term of two (2) years; and shall be eligible to serve out the remainder of the term of membership regardless of age; and

- VI. The youth member and alternate shall be reimbursed for expenses incurred through the performance of their duties as council members.

See **Attachment B** for SIAC Organizational Chart

4) Adding Members to SIAC

The SIAC may choose to include the non-voting membership of any other agency/entity that provides services to children with an emotional disability upon a unanimous vote of the membership. To become a voting member, the SIAC must pursue either an Executive Order from the Governor or statutory language change.

5) Each SIAC Member (including Commissioners or Executive Directors) shall appoint one designee to represent him or her in the event he/she cannot attend a meeting. The appointment of the designee shall be in writing (electronic communication is acceptable). A designee will have the full rights and responsibilities of the official member. It is encouraged that in the event that the Member or their designee cannot attend, a non-voting representative of their agency/entity will attend. In this case the representative will not be considered when determining a quorum for a vote. The SIAC Members (including Commissioners or Executive Directors) are required to attend, at minimum, the Commissioner-level meetings which are held twice a year

B. Ethical Principles

Each Council member is bound by the ethical guidelines within their respective agency. In Council proceedings the membership will adhere to the Ethical Guidelines of the Executive Branch Boards and Commissions.

C. Meetings

- 1) The Council shall meet at least monthly (KRS 200.505).
- 2) Regular meetings of the Council shall be held on the fourth Wednesday of each month with the exception of November and December when alternate meeting dates will be set by the SIAC to accommodate the holidays. Any member may request a change in the meeting date or time. The Council will approve or deny the request. If approved, the change in date or time must meet Open Meetings requirements. (KRS 61.810)
- 3) Notice of the open meetings is sent to Council members and others on the distribution list two weeks prior to the meeting.
- 4) SIAC schedules two "on-the-road" meetings at locations outside Frankfort each year in an effort to visit RIACs and provide regional staff and community members an opportunity to attend. These trips are contingent upon available funding and/or travel restrictions.

5) - Meetings are subject to the Kentucky Open Records Law (KRS 61.870 – 884) and the Kentucky Open Meetings Law (KRS 61.800 – 61.850). Prior

notification must be given of the meeting date and time. Meeting minutes must be published. **(Attachment C)**

6) Council meetings shall be open to the public, with the exception of closed/executive sessions which deal with case consultation, grievances or personnel issues. Executive sessions are restricted to voting members, and staff at the discretion of the Chair. (KRS 61.810)

7) A reasonable period shall be set aside at all meetings of the Council for members of the public to address the Council. Members of the public shall be permitted to propose "new business" for the next meeting of the Council. Subject to veto by the Council, such new business shall be placed on the next Council meeting agenda.

F. Quorum/Vote/Executive Committee

1) A quorum of the Council shall exist if 55% or more of the total members are present.

2) Each council member or designee shall have the authority of one vote. These members will have the right to vote on each matter submitted to a vote by the Council. Unless otherwise indicated (e.g. adding a new member) a simple majority of votes will determine the decisions of the Council per the current Roberts Rules of Order. A Council member or their designee shall abstain in any matter involving a conflict of interest for that member.

3) An Executive Committee comprised of the Chair, the Vice Chair of the Council, and the SIAC Administrator will make any other decision concerning the affairs of the Council in the interim between properly called meetings of the Council. SIAC members and their designees will be notified of the action at the subsequent SIAC meeting.

G. Powers

The Council shall have all of the powers vested in it by virtue of Kentucky Statute, Regulation and these Bylaws, together with any other reasonable and necessary powers to carry out the purposes of the Council. The Council may commit the Council, but not the state of Kentucky or any member/agency, concerning any matter within the purpose of the Council.

J. Amendment of Bylaws

These bylaws may be amended by the Council by a majority of the Council. Any potential changes to the Bylaws must be submitted at a regularly scheduled SIAC meeting for review by all members with a vote to be taken at a subsequent meeting.

K. Compensation

1) No agency representative or designee may receive any form of compensation for the position of SIAC member (KRS 200.507). Travel expenses of SIAC members are paid by the representative's or designee's agency.

2) The parent member, parent designee, youth member, youth designee shall not receive compensation in addition to that which they may already receive as

service providers or state employees, but the parent member, alternate parent, youth member and alternate youth member shall receive reimbursement for expenses incurred through the performance for their duties as council members that are otherwise not reimbursed.

3) SIAC Parent and Youth Representative(s) Support Allocation: SIAC shall allocate through DBHDID a minimum of \$1500 per year for the sole purpose of supporting the SIAC parent member, parent alternate and \$1500 per year for the sole purpose of supporting the SIAC youth member, youth alternate.

L. Liability Insurance

DBHDID will ensure a liability insurance policy for SIAC, RIAC and LIAC members is in place and updated as needed. The RIAC and their LIACS shall inform the SIAC within 30 days of any changes in membership to ensure appropriate insurance coverage.

IV. OFFICERS

A. Calendar Year; Terms

- 1) The Chair shall serve for two years or until such person ceases to be qualified to serve as the Chair.
- 2) The Chair shall hold office until his or her successor shall have been duly appointed, as set forth below.
- 3) The position of SIAC Chair rotates among agencies every two calendar years on January 1st. Rotation is done in the following sequence:

<u>Partner</u>	<u>Year</u>
Family Resource and Youth Services Centers	2003
Department for Juvenile Justice	2005
Department for Medicaid Services	2007
Department for Public Health	2009
Parent Representative	2011
Department for Behavioral Health, Developmental and Intellectual Disabilities	2013
Administrative Office of the Courts	2015
Department of Education	2017
Department for Community Based Services	2019
Youth Representative	2021

- 4) The Vice Chair for the Council will be the Chair Elect. In the event that the current Chair or their designee is unable to attend the meeting, the Vice Chair will assume the role. The Vice Chair will also serve as a member of the SIAC Executive Committee.

B. Duties of Chair

The Chair shall:

- 1) Be the parliamentary chair of the Council. It shall be the duty of the Chair to preside over all meetings of the Council, and, subject to the control of the Council, to supervise and control all of the business affairs of the Council.
- 2) Be an ex-officio member of all ad hoc committees/workgroups. The Chair shall see that all motions and resolutions of the Council are carried out.
- 3) Ensure compliance with KRS 200.505
- 4) Develop the agenda for such meetings in consultation with the SIAC Administrator.
- 5) Appoint the chairs of all standing committees and ad hoc committees/workgroups and be the one to whom these chairs are responsible.
- 6) Have such other authority and duties as may be designated by the Council.
- 7) Ensure that the annual recommendations to the Governor and the Legislative Research Commission regarding the provision of services for children with an emotional disability are approved by August and submitted by September 1.

V. STAFF TO THE SIAC

The SIAC Administrator carries out the work and directives of the Council with support from other DBH staff.

A. SIAC Administrator Duties

SIAC Administrator duties shall include, but not be limited to:

- 1) Ensuring the coordination of the Targeted Case Management Certification Training that is provided at least quarterly
- 2) Ensuring that the Council's liability insurance is secured annually
- 3) Ensuring necessary support to the standing committees of the SIAC as well as ad hoc committees and workgroups
- 4) Ensuring the coordination and facilitation of quarterly peer group meetings for the IMPACT Local Resource Coordinators (LRCs)
- 5) Maintaining updated contact information and meeting attendance of RIAC/LIAC representatives and Local Resource Coordinators on behalf of the SIAC
- 6) Representing the interest of the Council on committees, advisory groups, etc. that promote children's social, emotional and behavioral health, and the principles of System of Care philosophy, and the use of best practices (including Wraparound Process) across agencies and entities.
- 7) Providing technical assistance to IMPACT LRCs, their staff and SIAC/RIAC/LIAC members as well as others who implement the Wraparound Process and the System of Care philosophy.
- 8) Ensuring that continuous quality improvement is supported through information to and from the RIACs and the SIAC
- 9) Ensuring that all SIAC members receive orientation and access to necessary training.

B. Additional Administrative Support

Additional administrative support shall be provided by DBH staff that shall include:

- 1) A record of attendance and minutes of meetings;
- 2) Preparation of draft agendas;
- 3) Arrangements and preparation for meeting rooms;
- 4) Preparation of correspondence for signature of the chairperson;
- 5) Providing information and assistance to standing committees and ad hoc committees/workgroups;
- 6) Analysis of pending legislation and current policy and program issues related to behavioral health (mental health/substance abuse);
- 7) Preparation of special reports including IMPACT Outcome Data; and other materials pertinent to SIAC business and ensuring continuous quality improvement is supported through information to and from the RIACs and the SIAC.

VI. COMMITTEES

A. Appointments

The Chair, in consultation with the Council, shall appoint all chairs and approve members of all standing committees and ad hoc committees/workgroups of the Council.

B. Standing Committees and Ad Hoc Committees/Workgroups

- 1) The Chair of the Council shall have the authority to appoint ad hoc committees and/or workgroups for a special purpose. The Council shall approve by majority to establish or dissolve a standing committee. The ad hoc committees/workgroups will not be standing committees/workgroups but will dissolve upon completion of their mission.
- 2) Members of these groups shall be any persons deemed necessary to carry out the Council's purpose.

C. Authority

The standing committees shall have the authority to make decisions only as may be specifically assigned by a majority of a quorum of the Council at a properly called meeting of the Council. Committee Chairs shall be responsible for ensuring that minutes of committee meetings are being kept and forwarded to the SIAC Administrator and Chair. Activities of the committee shall be presented at least quarterly to the Council.

D. Removal

The chair or any member of any standing committee or ad hoc committee/workgroup may be removed for willful misconduct by a majority of a quorum of the Council at any time at a properly called meeting of the Council.

VII. REGIONAL INTERAGENCY COUNCILS (RIACs)

A. Duties of SIAC to RIACs

KRS 200.505 outlines specific duties of the SIAC regarding the RIACs.

A duty of the SIAC is to establish through policy and procedure the function of the SIAC and RIACs in accordance with current statute and regulations.

The SIAC shall, with assistance from the SIAC Administrator, ensure periodic reviews of the policy and procedures (SIAC and RIACs) and conduct periodic site visits during RIAC meetings that will include meeting with individual RIAC members, staff and consumers. Information gleaned from these reviews will be provided to a CQI committee established by the SIAC and also presented as a summary report to the SIAC membership.

B. Duties of RIACs to the SIAC

KRS 200.509 outlines responsibilities of the RIACs to the SIAC.

RIACs are to:

- ◆ Advise the SIAC regarding evidence based and best practices for service delivery and resource development to address the needs of children as defined by a SIAC CQI standing committee,
- ◆ Monitor needs and trends and notify the SIAC of concerns that cannot be addressed at the community level.
- ◆ Refer children for whom the RIAC cannot obtain adequate services to the SIAC,
- ◆ Implement the uniform grievance procedure; and
- ◆ Make periodic reports to SIAC, as defined by a SIAC CQI standing committee, that include the number of children referred and the progress made in meeting the needs of each child. This may be obtained through the IMPACT Outcome Study data and other measures. Provide reports on the development of evidence based and best practices within their system of care.
- ◆ Implement Memoranda of Understanding and other processes for case consultation. Updates will be provided periodically to the SIAC on the progress of implementation.

C. Duties of the Local Resource Coordinator (LRC)

The LRCs support to the RIAC includes:

- Overseeing program adherence to all KAR/KRS regulations and the RIAC Policy and Procedure.
- Assisting with the preparation of referrals for review
- Assisting the RIAC in their preparation and review of the RIAC budget and expenditures.

- Assisting in locating, developing or increasing awareness of resources and services to meet the needs of children/youth with emotional disabilities.
- Assisting in locating, developing or increasing awareness of resources and services to prevent emotional disabilities and promote behavioral health.
- Establishing collaboration with community agencies and resources
- Assisting the RIAC in providing requested consultation
- Assisting the RIAC in exploring alternative resources for children/youth that do not meet criteria for IMPACT.
- Providing RIAC members with updated information from the SIAC.
- Supporting the RIAC in continuing quality improvement processes.
- Maintaining a record of RIAC Committee members' attendance.
- Ensuring that all RIAC members receive orientation and access to necessary training.

VIII. SIAC CASE CONSULTATIONS

KRS 200.509(3)(g) allows the RIACs, if they cannot obtain adequate services to a child, to refer a child to the SIAC and request case consultation.

The process for referring children for case consultation shall be:

- 1) The RIAC shall obtain a current Release of Information signed by the parent and/or legal guardian authorizing them to release information to the SIAC.
- 2) The RIAC Chair and/or the designee shall contact the SIAC Administrator by submitting a written request, for case consultation. This letter should include the following:
 - a) a description of the request
 - b) a copy of the current signed Release of Information referenced in "1)"
 - c) a copy of the child's referral
 - d) a summarized history of the RIAC's contact with the child and family to the point of the request for case consultation
 - e) copies of clinical and non-clinical supplemental information that provide additional understanding regarding the needs of the individual child and family. All information should comply with the State and Federal laws, including the Health Insurance Portability and Accountability Act, regarding the release and re-release of confidential information.
- 3) The SIAC Administrator shall review the information with the SIAC Chair for planning and direction regarding the request. If the request is presented to the SIAC for review and discussion of this documentation or any other child or family specific information supplied with this request, members must sign a confidentiality statement regarding current and future sharing of this information. The SIAC will enter into a closed session for review of this confidential information.
- 4) The SIAC Chair shall send a Letter of Response within one month from the date of receipt for request for case consultation. This Letter of Response shall be

sent to the referring RIAC Chair and shall contain information regarding the SIAC's plan and/or response.

5) If the SIAC Administrator and SIAC Chair can resolve the request without presenting to the full SIAC, the SIAC Chair will inform the full SIAC of the disposition at the next scheduled meeting. This information will be reported in closed session.

IX. SIAC INITIATIVES

A. Interagency Collaboration

SIAC shall be available to assist in interagency development of policies and procedures, prevention and promotion, resource development and consultation. Examples of this may include: development of a clinical pathway for children with autism; a procedure for transitioning youth with Developmental and Intellectual Disabilities and Acquired Brain Injury who also have emotional disabilities from hospital or residential placements to adult community placements; family initiatives; enhancement of the provision of services to children with substance abuse disorders and emotional disabilities within the educational system,; etc.

B. IMPACT Outcomes

The Kentucky IMPACT Outcomes Management System is a collaborative effort between the Division of Behavioral Health (DBH), SIAC, and the Center on Drug and Alcohol Research (CDAR). Information regarding outcomes achieved by children is collected. This information is used to compile program statistical reports, financial reports and to assess the effectiveness of interventions. SIAC and RIAC policies and decision-making should be driven by evaluation of information. Information will be made available to a SIAC CQI standing committee. All data is secured in accordance with HIPAA.

The SIAC and the RIACs will provide consultation annually to DBHDID regarding the outcome management tools and other needed data to ensure that information obtained is sufficient for decision making.

C. Training

The SIAC is responsible to ensure the organization and delivery of Service Coordination Certification (SC 101). A faculty of representatives from the DBH, IMPACT Plus, IMPACT Local Resource Coordinators, Service Coordinators, Family Representatives and Youth Representatives provide the required Service Coordination 101 Certification training for all new IMPACT and IMPACT Plus Service Coordinators.

In addition the SIAC will ensure trainings on the System of Care (including the wraparound process and fidelity processes) are conducted for supervisors and coaches of service coordinators. Orientation will also be provided for all SIAC/RIAC/LIAC members.

X. FUNDING

With RIAC approval RIAC funds can be used to purchase any combination of resources, services and supports for children/youth with SED in order to assist in meeting the goals of their wraparound plan. Requests for funding from the RIAC will be generated by the child's service team and any action taken will be documented within the RIAC minutes. These dollars should be considered as funding of last resort and all attempts should be made by the RIAC, LRC and Service Coordinators to engage the community in contributing to meet the needs of the children and families. Documentation of attempts to secure other funding will be provided to the RIAC prior to approval. RIACs may stipulate the LRCs ability to approve funding as stipulated in the RIAC Policy and Procedure. The LRC must report such approval at the next scheduled RIAC meeting and it will be documented in the RIAC minutes.

A. Required Forms

All Community Mental Health Centers (CMHC) must submit the IMPACT/RIAC Allocation and Expense Report of Flexible Funds (Form 131) (**Attachment D**) annually to DBHDID in their Annual Plan and Budget. The allocation of these funds will be determined by the RIAC and this form must be signed by the RIAC Chair indicating the RIAC members' role in the development and approval of the budget. A copy of Form 131 along with minutes of the RIAC meeting approving the budget will be submitted by the RIAC to the SIAC. The SIAC will review and approve all budgets by the June SIAC meeting. Each CMHC is also required to submit expenses quarterly using Form 131) to DBHDID on behalf of the RIAC after the RIAC members have reviewed and approved the expense report. This quarterly report must be signed by the RIAC chair indicating the RIACs approval. A copy of Form 131 along with the minutes of the RIAC meeting approving the quarterly report will be submitted to the SIAC within 30 days from the end of the quarter for review and approval. The SIAC may request additional information from the RIACs. The SIAC Administrator and the Local Resource Coordinators will assist with the process.

The SIAC will provide consultation annually to DBHDID regarding required forms to ensure that financial data obtained is sufficient for decision making.

B. CMHC/RIAC Ongoing Collaboration Regarding Allocation of Funds

Each RIAC must determine appropriate allocations within the budget for their region. The RIAC will collaborate with the CMHC who is responsible to provide necessary financial information and supports. The RIAC is responsible for the expenditure of the funds and is expected to regularly (at least quarterly) review financial information provided by the CMHC. This information will be used to assist the RIAC and SIAC in decision making and oversight of these expenditures. Review and approval of this information will be documented in RIAC minutes. If the RIAC designates any part of this financial oversight to the

LIAC(s) it will be clearly defined within that RIAC's policies and procedures. The LIAC must provide the above mentioned documentation to the RIAC for review and approval. This documentation will also be provided to the SIAC.

C. Allocation of IMPACT Funds – Allowable Categories Will Include:

1) Targeted Case Management (TCM) Allocation:

A sufficient amount of IMPACT funds should be set aside to provide targeted case management to those children who are determined by the RIAC to be most in need of this service, but are not eligible for Medicaid or other insurance coverage. If a CMHC has the resources to absorb this cost elsewhere, a TCM allocation is not required. CMHCs and RIACs must define, within their policy and procedure manuals, a way of assessing a rate for this and other services as a tool to help determine the amount of funding needed to cover the estimated expense.

2) Intensive Family Based Support Services (IFBSS) Allocation:

These flexible funds are set aside to provide an array of services, supports, and interventions that cannot be obtained by any other means, and are necessary to meet the goals of the child's wraparound plan. The purpose is to allow a child to maintain a stable living environment in the community. Quarterly IFBSS expense reports are required to be submitted to DBH by the CMHC (Form 131). Allocation and expenditure of the funds on behalf of individual children must be approved by the RIAC or their LIAC if so designated in regional policy.

3) RIAC Parent and Youth Representative(s) Support Allocation:

It is mandated that each RIAC set aside a minimum of \$1500 per year for the sole purpose of supporting RIAC and LIAC parent and youth representatives and their alternate designees (when the alternate attends a meeting or event in the absence of the representative or is required to be present at a meeting or event with the representative). These funds are to be used for reimbursement of childcare, lodging, meals, travel, stipends, trainings, State Youth Council, and the Parent Representatives mandatory attendance at the State Family Advisory Committee (SFAC) meetings. A \$40 stipend will be provided for full day meetings and \$20 stipend for half day meetings that a RIAC/LIAC parent representative or youth attends in their role and is otherwise not reimbursed. A RIAC may designate more than \$1500 for this category. Reimbursements for expenses are to occur in a timely manner. The process for this policy must be in the RIAC's policy and procedure manual.

4) RIAC Support Allocation:

These funds are set aside for all program infrastructure costs, other projects, or program expenses approved as beneficial to children. This may include support for the Local Resource Coordinator, Family Liaison(s) or a Youth Coordinator or it may also include parent/youth support group costs, program supplies, training,

and travel expenses. The RIAC members will determine the allocation on Form 131.

D. Reallocation of Funds

Throughout the year, the RIAC may decide to reallocate funds from one category to another. A revised Form 131 is required, outlining the changes, if any reallocation is greater than 10% of the budget. The RIAC must approve this reallocation request and the revised form is to be signed by the RIAC Chair to indicate the review and approval of this request by the RIAC membership. The form is submitted by the CMHC to DBH for budget approval in consultation with the SIAC. Additional documentation may be requested by DBH and/or SIAC to explain the revision prior to making a decision about approval. The SIAC Administrator and the Local Resource Coordinators will assist in this process.

XI. HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

Attachment E outlines HIPAA Policies and Procedures of the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities. As SIAC is administratively a part of the DBHDID, these HIPAA compliant policies have been modified to include the work of the SIAC.

XII. GRIEVANCE AND APPEALS PROCEDURES

a) Kentucky Administrative Regulation 202 KAR 1:010 outlines the process for filing a grievance regarding RIAC or LIAC concerns, conducting an investigation and notifying the aggrieved party. If the person who filed the grievance is not satisfied with the result of the RIAC investigation, he or she may file an appeal with the SIAC. **(Attachment F)** The grievance process and how families participating in IMPACT are made aware of this right must be outlined in the RIAC policy and procedure manual.

b) KRS 200.505 (2)(f) requires that appeals to the SIAC be handled through the administrative hearings process.

XIII. ANTI-DISCRIMINATION

The SIAC, RIACs and LIACs shall not discriminate in any regard with respect to race, color, creed, national origin, age, religion, marital status, sex, disability or sexual orientation.

XIV. Minutes of Meetings

Minutes of meetings constitute proper documentation of essential agency transactions and organizational functions, as required in KRS 171.640.

Boards, commissions, councils, task forces, etc., that were established by statute or Executive Order, or that establish or administer policy are examples of entities for which minutes should be created. **One** copy of each set of minutes should be retained permanently in the agency and **one** copy should be forwarded to the State Archives after each meeting, as specified in the *General Schedule for State Agencies*.

Miscellaneous Records

Recordings of meetings from which minutes are prepared are retained for 30 days after the minutes have been transcribed and approved by the appropriate authority.

Approved by:

The State Interagency Council for Services to Children with an Emotional Disability (SIAC)

Date: January 25, 2012

Attachment A: KRS 200: 501-509

Attachment B: SIAC Organizational Chart

Attachment C: Kentucky Open Records and Open Meetings Law

Attachment D: Allocation and Expense Report of IMPACT Funds (Form 131)

Attachment E: HIPAA Policies and Procedures

Attachment F: 202 KAR 1: 010 – Uniform grievance procedure